



FORMS DESIGN REQUEST/APPROVAL
STATE OF NORTH DAKOTA
SFN 51333 (3-2004)

ITD Records Management Use Only

Date Received

Section 1: Request Forms Design

Complete section 1 and return to ITD Records Management.

State Form Number	Form Title				
Department			Division	Cost Center Number	
Contact Person			Telephone Number	Date Draft Required	
Format	Paper	E-Forms	Fillable	Special Instructions	

Section 2: Proof Draft Form

The attached form has been drafted at your request. It is your responsibility to review the form for any errors or additional changes prior to approving the form design.

If revisions are needed, mark them clearly with a RED pen, indicate corrections are required below, and return the form and this request to ITD Records Management. A new draft will be issued to your specifications.

If no revisions are needed, mark the "Approved as Designed" action, sign below, and return this request and the form to ITD Records Management. An original form will be sent back to you.

Date Draft Sent	Action Approved as Designed Make Corrections Marked in Red		Comments
Signature		Date	

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Signature		Date	

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Signature		Date	

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Signature		Date	

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Signature		Date	

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Date Fillable Form Sent for Review	Date Fillable Form Approval Received
Date Sent to E-team	Date Completed by E-team